

APPLICATION DATA SHEET**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: No

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: None

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title :: COMPOSITIONS AND METHODS FOR
TREATING LYMPHOMA

Attorney Docket Number:: 480208.401C3

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: No

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Andreas
Middle Name:: H
Family Name:: Sarris
Name Suffix::
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: 7200 Alameda Road, Apt 715
City of mailing address:: Houston
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 77054

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Fernando
Middle Name::
Family Name:: Cabanillas
Name Suffix::
City of Residence:: Houston
State or Province of Residence:: TX
Country of Residence:: US
Street of mailing address:: Box 68, 2316 Shakespeare Road

City of mailing address:: Houston
State or Province of mailing address:: TX
Country of mailing address:: US
Postal or Zip Code of mailing address:: 77030

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Patricia
Middle Name:: M
Family Name:: Logan
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 462 Aubrey Place
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V5V 2T6

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Clive
Middle Name:: T R
Family Name:: Burge

Name Suffix::

City of Residence:: Brentwood Bay
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 917 Damelart Way
City of mailing address:: Brentwood Bay
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V8M 1C2

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: James
Middle Name:: H
Family Name:: Goldie
Name Suffix::
City of Residence:: Vancouver
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 2558 West 7th Avenue
City of mailing address:: Vancouver
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V6K 1Y9

Sixth Applicant Application

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Murray
Middle Name:: S
Family Name:: Webb
Name Suffix::
City of Residence:: Delta
State or Province of Residence:: BC
Country of Residence:: Canada
Street of mailing address:: 8467 Sunset Drive
City of mailing address:: Delta
State or Province of mailing address:: BC
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: V4C 3Y5

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	09/541,436	03/03/00
09/541,436	An application claiming the benefit under 35 USC 119(e)	60/137,194	06/02/99
09/541,436	An application claiming the benefit under 35 USC 119(e)	60/127,444	04/01/99

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	Inex Pharmaceuticals Corporation
Street of mailing address::	100-8900 Glenlyon Parkway Glenlyon Business Park
City of mailing address::	Burnaby
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5J 5J8

Assignee name::	Board of Regents, The University of Texas System
Street of mailing address::	201 West 7th Road
City of mailing address::	Austin
State or Province of mailing address::	TX
Country of mailing address::	US
Postal or Zip Code of mailing address::	78701

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